**EV330**

## Frontotemporal dementia and psychosis: Literature review

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*Introduction* Frontotemporal dementia (FTD) is a progressive neurodegenerative disease especially sporadic. About 30–40% have positive family history, with an identifiable genetic mutation in a percentage of cases increasing. Although the FTD psychosis has been recognized for many years, it is not included in the clinical criteria.
*Objectives* To assess the prevalence and characteristics of psychotic symptoms in FTD, compare the presence of psychosis in FTD $C9^+$ versus $C9^-$ and analyze the occurrence of wrong diagnoses in FTD with psychosis.
*Methods* Literature review, using computerized databases (Pubmed®). Articles were selected based on the content of their abstract and their relevance.
*Results* It is frequently the presence of psychotic symptoms in FTD associated with $C9^+$ versus $C9^-$. These may arise as initial symptom often leading to a psychiatric diagnosis years before obtaining diagnosis of FTD. There is no conclusive evidence about the anatomical correlation of psychotic features in the FTD, although there is the possible association with the right brain degeneration.
*Conclusions* The existence of psychotic symptoms do not argues against the diagnosis of FTD verifying a high frequency of psychosis in FTD – $C9^+$. As can be the first symptom in FTD is critical to differentiate psychiatric disorders. Further studies are needed in order to obtain a better characterization of psychotic symptoms in FTD – $C9^+$.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1315

**EV331**

## Relationship between emotional intelligence and neurocognition in severe mental disorders

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*Introduction* The severe mental disorders are the subject of growing research in the area of emotional intelligence because of his relationship with psychosocial functionality loss. Despite treatment advances, patients continue to experience high levels of social, professional and personal disabilities, related to the presence of deficits in cognition. These changes are manifested in two areas: the neurocognitive and social cognition.
*Objectives* To better understand the relationship between neuro- and sociocognition in schizophrenia and bipolar disorder.
*Aims* The aim of this research is to study the factors related to emotional intelligence, with particular interest in neurocognitive deficits.
*Methods* A total of 75 adult patients with schizophrenia and bipolar disorder type I were evaluated. The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of clinical and cognitive scales, including MSCEIT, WAIS-IV, TMT and Rey Figure.
*Results* MSCEIT was negatively correlated with age, the severity of the clinical symptoms (BPRS, CGI-S), the TMT-A and the Test of Complex Figure, and positively with the intelligence quotient.
*Conclusions* The deficits in emotional intelligence are part of a set of cognitive, social and non-social skills, which are altered in these severe mental disorders. Emotional intelligence worsens with the deterioration of cognitive functioning, executive dysfunction and severity of psychiatric disorder.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1316

**EV332**

## Are we able to influence cognitive dysfunction in multiple sclerosis?

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*Introduction* Multiple sclerosis (MS) is the most common chronic neurologic disease affecting young people. Cognitive dysfunction is an important part of disability, interfering with quality of life (QoL). Disease modifying therapies (DMT) are gold standard of long-term treatment in MS.
*Objectives* Assessment of DMT impact on evolution of cognitive dysfunction.
*Aims* To analyze the cognitive status in a lot of 74 patients with MS, with a mean age of 40.4 years, treated with different DMT in the National Health Program.
*Methods* Testing patients during 2014–2015 for cognitive dysfunction, by applying MMSE, Sunderland Clock Test, Beck Depression Inventory, Fatigue Impact Scale and QoL Short form-36 scores every 6 months; analyzing demographic, clinical and magnetic resonance imagery (MRI) data.
*Results* Thirty-six percent of lot showed memory and concentration changes (12 patients with secondary progressive MS, 15 with relapsing-remitting MS); mean age of these patients was 46.29 years, with a mean period of evolution of the disease of 9.8 years before starting DMT; cortical atrophy was present on MRI in 37% of these patients. Mean age of those who didn't present cognitive disturbances was 37.01 years, with a mean period of evolution of 6.2 years before starting DMT. Disturbances appeared independently of the presence of cortical atrophy, as this marker appeared in 5% of patients with no cognitive dysfunction.
*Conclusions* When starting DMT, age and time of evolution of the disease are essential for further developing of cognitive dysfunction. Mood and anxiety disturbances can be a prodromal marker of neurocognitive troubles. DMT have neuroprotective outcome in MS.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1317

**EV333**

## The effect of interpersonal multisensory stimulation on the self-face recognition in adults with autistic syndrome disorder

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https://doi.org/10.1016/j.eurpsy.2016.01.1318 Published online by Cambridge University Press

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Studies on individuals without developmental disorder show that mental representation of self-face is subject to a multimodal process in the same way that the representation of the self-body is. People with autistic spectrum disorder (ASD) have a particular pattern of face processing and a multimodal integration deficit.
The objectives of our study were to evaluate the self-face recognition and the effect of interpersonal multisensory stimulation (IMS) in individuals with ASD. We aimed to show a self-face recognition deficit and a lack of multimodal integration among this population.
IMS consisted of the presentation of a movie displaying an unfamiliar face being touched intermittently, while the examiner applied the same stimulation synchronously or asynchronously on the participant. The effect resulting from IMS was measured on two groups with or without ASD by a self-face recognition task on morphing movies made from self-face and unfamiliar-face pictures.
There was a significant difference between groups on self-recognition before stimulation. This result shows a self-face recognition deficit in individuals with ASD. Results for the control group showed a significant effect of IMS on self-face recognition in synchronous condition. This suggests the existence of an update of self-face mental representation by multimodal process. In contrast, there was no significant effect of IMS demonstrated in ASD group, suggesting a multimodal integration deficit for the constitution of self-representation in this population.
Our results show the existence of a self-face recognition deficit in individuals with ASD, which may be linked to a lack of multimodal integration in the development of the self-face representation.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1318

## EV334

## Sex differences in the neural basis of theory of mind during development

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*Introduction* Theory of mind (ToM) is the ability to predict behaviors of others in terms of their underlying mental states. It is carried out in order to make sense of and predict behavior. Impairments in ToM have been found in many psychiatric/neurological disorders including schizophrenia and autism spectrum disorders. Previous research has indicated sex difference in ToM development. Previous research has also found some differences in the neural basis of ToM.
*Objectives/aims* An objective/aim of the present study was to examine possible sex differences in the neural mechanism associated with ToM development. Another objective was to examine the neural basis of ToM that is shared by both sexes throughout development.
*Methods* Thirty-two adults (16 women) and 24 children (12 girls) were assessed with fMRI while performing a false belief (FB) task.
*Results* During the ToM relative to non-ToM condition, adults and children of both sexes showed increased activity in the medial prefrontal cortex (mPFC) and the temporo-parietal junction (TPJ). Both boys and girls recruited more brain regions than adults. Moreover, children employed structures involved in the human mirror neuron system (hMNS) more than adults. More specifically, boys recruited the inferior frontal gyrus (IFG) more than men, while girls recruited the precentral gyrus more than women.
*Conclusions* These results suggest that boys/men and girls/women employ different brain regions for ToM during development.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1319

## EV335

## Instructional influence on learning and decision making with respect to cognitive functioning

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*Introduction* Humans learn how to behave both through rules and instructions (explicit learning) as well as through environmental experiences (implicit learning). It has been shown that instructions can powerfully control people's choices, often leading to a confirmation bias.
*Aim* To explore confirmation bias with respect to cognitive functioning in healthy adult participants.
*Methods* We recruited 25 healthy adult control subjects (9 males, 16 females, age $31.40 \pm 6.08$ years). Participants completed Repeatable Battery of Neuropsychological Status (RBANSS) as well as Instructed Version of Probabilistic Selection Task (IPST) (Doll et al., 2009).
*Results* Based on the performance on IPST into two groups: a group with higher and lower susceptibility to confirmation bias. We found no difference between these groups with respect to any of the cognitive domains measured with RBANSS (immediate memory, visuospatial abilities, language, attention and delayed memory) ($U$ Mann-Whitney test, $P > 0.05$).
*Conclusion* In healthy adults, susceptibility to confirmation bias is independent of cognitive functioning (immediate and delayed memory, visuospatial abilities, language and attention).
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1320

## EV336

## Relationship between executive functions and adherence to antiretroviral therapy in HIV-infected patients

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*Introduction* HIV-related damage of the central nervous system is manifested in varying severity of neurocognitive disturbances. Research on measures of executive functioning has confirmed that HIV infection is associated with progressive difficulties in these abilities. Moreover, several studies in recent years have shown that an impaired cognitive function confers a higher risk of poor adherence to antiretroviral therapy.
*Objectives/Aims* The aim of this study is to analyze the relationship between executive functions and ART compliance.
*Methods* We designed a cross-sectional case-control survey. Cases were defined as HIV-infected patients who missing at least 10% intakes in the last year (reported by hospital pharmacy) and self-reported non-adherence by Simplified Medication Adher-

https://doi.org/10.1016/j.eurpsy.2016.01.1318 Published online by Cambridge University Press